

Montgomery County Office of Consumer Protection

100 Maryland Avenue, Suite 330 Rockville, Maryland 20850 www.montgomerycountymd.gov/consumer T: 240.777.3636

F: 240.777.3768



Internet

Instructions For Using This Form

- 1. Before using this form, complain directly to the company. If unsuccessful, then use this form.
- 2. Please type or <u>print clearly</u> and complete the entire form. <u>Illegible or incomplete forms may be returned to you.</u>
- 3. Attach <u>photocopies</u> of any papers involved in the transaction (including advertisements, contracts, receipts, statements, the front and back of canceled checks, correspondence, warranties, et cetera).
- 4. Failure to provide paperwork may delay investigation of your complaint.
- 5. DO NOT SEND ORIGINAL DOCUMENTS. We will not be responsible for originals.

	1		
CONSUMER INFORMATION			
Your Name		Telephone Home	
Address		Telephone	
Address		Work	
City State Zip	code	Telephone	
		Cellular	
E-mail		Fax	
How did you learn about us? Another Agency County Website Family/Friend Newspaper Radio Television Other:			
COMPLAINT INFORMATION			
Individual/Business Name		Telephone	
Address		Telephone	
ridics		Alternate	
Post Office Box		Fax	
City State Zip code		E-mail	
Other Contact Information		Website	
Transaction Type: (Ex. Automotive, Domestic Worker Contract, Home Repair, Internet, Retailing, Property Tax Disclosure, Telecommunications, etc.):			
Transaction date:	Amount paid:	Payment method:	
Did you sign a contract? ☐ Yes ☐ No If yes, please include a copy.	Where?	Date signed:	
Date complained to business:	Person contacted:	Their title:	
Did they respond? ☐ Yes ☐ No	If yes, date and nature of response (if response was in writing, include a copy):		
Court action pending? ☐ Yes ☐ No	What court?	Court date?	
Have you submitted this matter to an attorney or other agency? ☐ Yes ☐ No	If yes, give the name, address and phone number of the attorney or agency:		

DESCRIBE YOUR COMPLAINT. USE ADDITIONAL PAPER IF N	IECESSARY.
WHAT FORM OF RELIEF ARE YOU SEEKING? (Ex. Exchange, Re	main Monay Pack ata)
WHAI FORM OF RELIEF ARE YOU SEEKING! (Ex. Exchange, Re	гранг, монеу васк, есс.)
	REFUND AMOUNT REQUESTED/EST. VALUE
	OF CLAIM:
READ AND UNDERSTAND THE FOLLOWING	BEFORE SIGNING BELOW
KEID IN O CHEEKSTING THE FOLLOWING	<u>DEFORE</u> SIGNING DEEON
Once we receive your complaint, it will be reviewed for jurisdiction a determine that there is a more suitable agency to handle your dispute, we w writing. Otherwise, your complaint will be assigned to an investigator. We the name and phone number of your investigator, and the case number ass number on any future correspondence you send to us. I authorize the Office of Consumer Protection and/or its representative files or accounts that may be necessary to investigate the complaint I have fil of Consumer Protection to use and supply, on my behalf, any private infor I understand that a copy of this form may be sent to the business against	ill make an appropriate referral and advise you in will send you an acknowledgment letter providing signed to the complaint. Please include your case to make inquiries on my behalf, into any and all led with the agency. Further, I authorize the Office mation included in this complaint.
that this complaint is a public document and is available for inspection by	the public and the media.
I do solemnly declare and affirm under the penalties of perjury that the	e contents of my complaint are true and correct.
Signature:	Date:

HAVE YOU ATTACHED PHOTOCOPIES OF DOCUMENTS? DO NOT SEND ORIGINALS.

Return to: Office of Consumer Protection New Complaint Unit 100 Maryland Avenue, Suite 330 Rockville, MD 20850